I hereby certify that this correspondence is being transmitted via electronic filing to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Decaris 121712007

Date

3683

Kramer, Devon C.

December 7, 2007 Date of Deposit

Juanita Soberanis

Name , franck

Signature

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Art Unit:			
Hitoshi TAKEUCHI	Examiner:			
Serial No: 10/575,614				
Confirmation No: 3159				
Filed: April 9, 2007				
For: Brake Disc				

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

Petition for Extension of Time.

. Barriera de la caracteria de la calegación de la constantidad del constantidad de la constantidad de la constantidad del cons

X Amendment.

TIC TOC TIQU DOCT	calculated as shown be								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FO	R	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	12	-	20	**	0	LG≃\$50 SM=\$25	\$50	\$	0
INDEPENDENT CLAIMS FEE	1	-	3	***	0	LG=\$210 SM=\$105	\$210	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE ≈ \$370  SMALL ENTITY FEE = \$185								\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$260 FOR EACH ADDITIONAL 50 SHEETS						\$	0		
Independent Claims: 1 TOTAL					\$	0			

If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For "IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For "IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For "IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For "IN THIS SPACE is less than 2, write "3" in this space. independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

Please charge the amount of \$\_\_\_ to cover the additional claims fee to Deposit Account No. 50-1314.

 $\boxtimes$ Please charge the amount of \$460 to cover the two-month extension fee to Deposit Account No. 50-1314. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this

communication or credit any overpayment to Deposit Account No. 50-1314. Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Date: December 7, 2007

1999 Avenue of the Stars, Suite 1400 Los Angeles, California 90067 Phone: 310-785-4600

Fax: 310-785-4601

Respectfully submitted. HOGAN & HARTSON L.L.P.

Troy M. Shmelzer Registration No. 36,667 Attorney for Applicant(s)